



Department of Health

FORMS AND PUBLICATIONS REQUEST

NOTE: This is your Shipping Label – Use complete street address (UPS will not deliver to a P.O. Box).

Name/Requestor		Telephone	Date
Name of Organization		Internet E-mail Address	
Shipping Address			
City		State	Zip
Does Your Organization have a WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

No.	Forms or Publication Number	Title	Quantity Requested	Quantity Shipped	Back Order
1	DOH Pub 333-052	West Nile Virus – Do You Know What's Biting You? Brochure (English)			
2	DOH Pub 333-052 SP	West Nile Virus – Do You Know What's Biting You? Brochure (Spanish)			
3	DOH Pub 333-053	West Nile Virus – Do You Know What's Biting You? Statement Stuffer (English)			
4	DOH Pub 333-053 SP	West Nile Virus – Do You Know What's Biting You? Statement Stuffer (Spanish)			
5	DOH Pub 333-054	Mosquito Repellent – How to Use It Safely			
6	DOH Pub 333-048	Mosquito Problems Start At Home - Bookmark			
7	DOH Pub 333-049	Mosquito Problems Start At Home - Poster			
8	DOH Pub 334-073 Cam	West Nile Virus - Fight the Bite – Khmer (Cambodian)			
9	DOH Pub 334-073 Rus	West Nile Virus - Fight the Bite - Russian			
10	DOH Pub 334-073 Ch	West Nile Virus - Fight the Bite - Chinese			
11	DOH Pub 334-073 Kor	West Nile Virus - Fight the Bite - Korean			
12	DOH Pub 334-073 Viet	West Nile Virus - Fight the Bite - Vietnamese			

INSTRUCTIONS: Please put the publications and forms you are requesting in numerical order by the DOH number. Include both the form and pub number **and** the title. Order all items in **each** amount. Your order will be filled to the nearest packaged amount.

Requestor's name and telephone number **must** be filled in (in case we have questions about your order.)

For orders that DO NOT involve a payment: Send this fully completed form to Department of Health, PO Box 47845, Olympia, WA 98504-7845. **Faxed orders are accepted at (360) 664-2929.** Telephone orders are not accepted. **Do not re-order items that are back ordered.** They will be sent to you as soon as new stock is available.

For orders that include payment: Send this fully completed form and check to DOH Revenue Section, PO Box 1099, Olympia, WA 98507-1099.

If you have any questions, please contact the DOH Warehouse at (360) 586-9046.



Department of Health

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Name/Requestor Susie Smyth		Telephone 360-555-1212	Date 09/30/2002		
Name of Organization County Health Department		Internet E-mail Address Susie.Smyth@chd.org			
Shipping Address 1123 Main ST					
City Anytown		State WA	Zip 98000-1234		
Does Your Organization have a WIC Program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
No.	Forms or Publication Number	Title	Quantity Requested	Quantity Shipped	Back Order
1	Pub 333-019	Rats: Let's Get Rid of Them	50		
2	Pub 410-008	Protect Yourself From HIV	200		
3	Pub 961-160 Spanish	Lift the Lip	1		
4	CDC	Lyme Disease	50		
5					
6					
7					
8					
9					
10					
11					

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